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ABSTRACT

Although schools have the primary responsibility for educating children and adolescents, schools alone cannot prevent the use of tobacco, alcohol, and other drugs. Preventing youth from smoking, drinking, and using drugs must be a collaborative effort, jointly undertaken by the school, community, and youths themselves. This guide was developed to explain the partnerships that schools and communities can create to share the responsibilities of planning, funding, and implementing preventive strategies and programs. The first section presents a concept al framework for planning by reviewing the extent of the substance abuse problem among youth, identifying misconceptions that lead to ineffective programs, defining drug use as a behavioral problem determined by many systems of influence, exploring the need for an integrated approach to prevention, identifying both risk and protective factors within students' influence groups, formulating a new definition of prevention, and introducing a comprehensive health approach to drug prevention. The next section develops a leadership role for schools, explaining how to build a partnership among schools, law enforcement, and the community; identifying the planning steps; recommending a comprehensive program for the school site; considering community- and school-based program strategies; and listing criteria for preventive programs and curricula. The final three sections of the guide look briefly at the intervention plan, school policy, and program support. Relevant sections of California legal codes, resources, and references are appended. (NB)

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Not Schools Alone

Guidelines for Schools and Communities to Prevent the Use of Tobacco, Alcohol, and Other Drugs Among Children and Youth

California Department of Education • 1991

Not Schools Alone

Guidelines for Schools and Communities to Prevent the Use of Tobacco, Alcohol, and Other Drugs Among Children and Youth

Prepared by the
Office of Healthy Kids, Healthy California

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Contents

Preface

In schools and communities throughout California, the widespread use of tobacco, alcohol, and other drugs by school-age youth has created a sense of urgency. The question asked repeatedly is: "How can we prevent this problem from developing?" Recent surveys of students have shown some reduction in the use of drugs, thanks to state and local efforts. Our commitment is to build on this success. *Not Schools Alone* provides both the conceptual framework and the practical suggestions for carrying out this commitment.

Schools have the primary responsibility for educating and training children in our communities. However, schools alone can never prevent the use of tobacco, alcohol, and other drugs because factors beyond the school setting and the school's control also influence children. The use of harmful substances, like other unhealthful risk-taking behavior, is a symptom of underlying problems in a student's life. Using tobacco, alcohol, and drugs is often related to problems like academic failure, truancy, teen pregnancy, dropping out of school, delinquency, depression, and suicide. All of these problems can be predicted by factors in the many settings that affect children's development. Thus, preventing children from smoking, drinking, and using drugs must be a collaborative effort, one that is jointly undertaken by the school, the community, and the youths themselves.

The focus of this guide, then, is on the partnerships that schools and communities can create to share the responsibilities of planning, funding, and implementing preventive strategies and programs. Today's heightened public concern, the availability of state and federal funds, and the new technology of the prevention field provide us with the unprecedented opportunity not only to curb the use of harmful substances but also to prevent other unhealthful, high-risk behavior. The collaborative effort of thousands of schools and their communities is the most promising way for us to ensure the health, well-being, and productive future of more than one-half million children in the state of California. Support and assistance in developing these local programs is provided at the state level by the California Department of Education, the Office of the Attorney General, the Department of Health Services, the Department of Alcohol and Drug Programs, and the Office of Criminal Justice Planning.

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A Conceptual Framework for Planning

Every day, millions of young people experiment with or use a wide variety of harmful substances that, in one way or another, affect their development, health, and learning ability. "Using drugs" refers to a wide range of activities: sniffing inhalants, chewing or smoking tobacco, smoking marijuana, drinking alcohol, using stimulants (crack or cocaine, amphetamines, methamphetamines) and depressants (barbiturates, Quaaludes, prescription sedatives), and taking narcotics (codeine, methadone, heroin, opium, and morphine).

These substances are used in various combinations and typically in a sequence beginning with tobacco and alcohol, which are legal for adults in our society, and then progressing to the illicit substances. Age level, local peer practices, and easy availability influence the selection a young person makes at a particular time.

The Extent of the Problem

The seriousness of the national problem is reflected in recent surveys showing that two-thirds of all high school seniors currently use alcohol and over one-third admit to occasional heavy drinking (defined as five or more drinks in a row). Between 20 and 30 percent use cigarettes and marijuana once or more per month (Johnston and others, 1987).

A California statewide survey revealed that 83 percent of eleventh graders had experimented with drinking and 42 percent with illegal drugs (Skager and others, 1988). As shocking as it may seem, 36 percent of fourth graders stated that they felt pressure to try beer, wine, or liquor, and 24 percent felt pressure to try cocaine or crack.

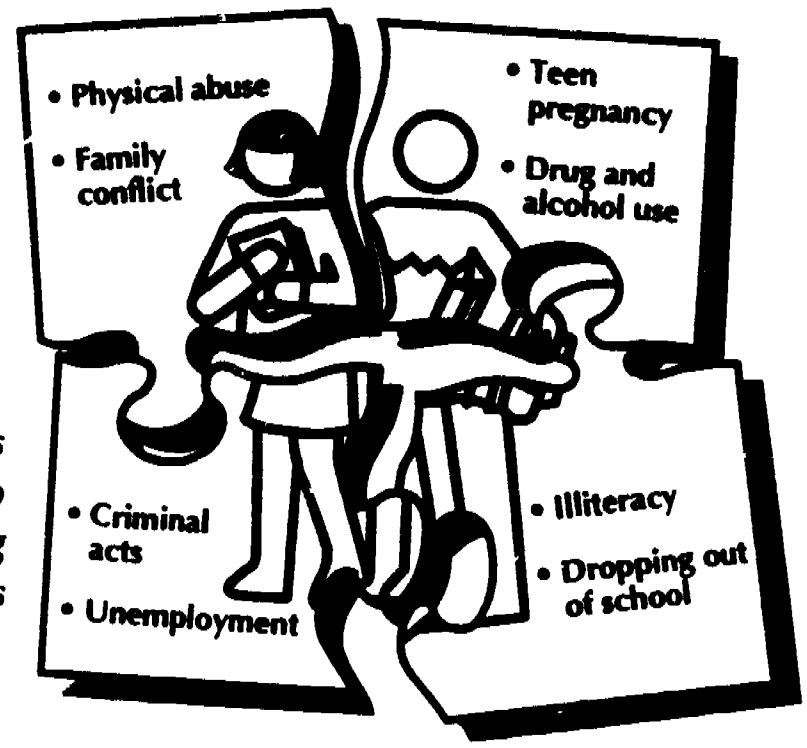
Alcohol is the most widely used substance, closely followed by cigarettes and marijuana. The use of tobacco and alcohol generally precedes the use of marijuana; it is also highly unlikely that young people will go on to use other drugs without first having used marijuana (Huba and others, 1981; Yamaguchi and Kandal, 1984). For this reason, tobacco, alcohol, and marijuana are known as the "gateway drugs."

The nature of multidrug use indicates that preventive efforts should not be targeted to any single drug. Focus is better directed on the early sequence of drugs that young people are likely to try and on the conditions that lead them into experimentation and use.

The concern over adolescents' use of tobacco, alcohol, and other drugs is heightened through studies which show that:

- Cigarette smoking as an addictive behavior is a major contributor to emphysema, lung cancer, and heart disease.
- Alcohol-related accidents constitute the leading cause of death among adolescents.
- Marijuana use hampers a young person's ability to remember, to learn, and to drive a car (Peterson, 1984).

The early use of tobacco, alcohol, and marijuana places young persons in an extended period of risks and adverse effects and heightens the probability that they will use additional



Risk Factors Work Together to Disrupt Young Peoples' Lives

drugs (Yamaguchi and Kandal, 1984). There is no doubt that, as difficult as it may be to prepare children well for the future, their use of chemical substances jeopardizes every aspect of their learning and healthy development.

Misconceptions That Lead to Ineffective Programs

Early attempts to prevent alcohol and drug use by students were largely ineffective because there were many misconceptions about the problem of substance abuse. For example, it was believed that drug use could be diagnosed as other physical or emotional deficiencies of an individual are diagnosed and that such use occurred because of a lack of information, will power, or morality. Therefore, from the early to mid-1970s, schools across the nation focused on teaching students communication skills and informing them about drugs and about the physical and legal consequences of their use.

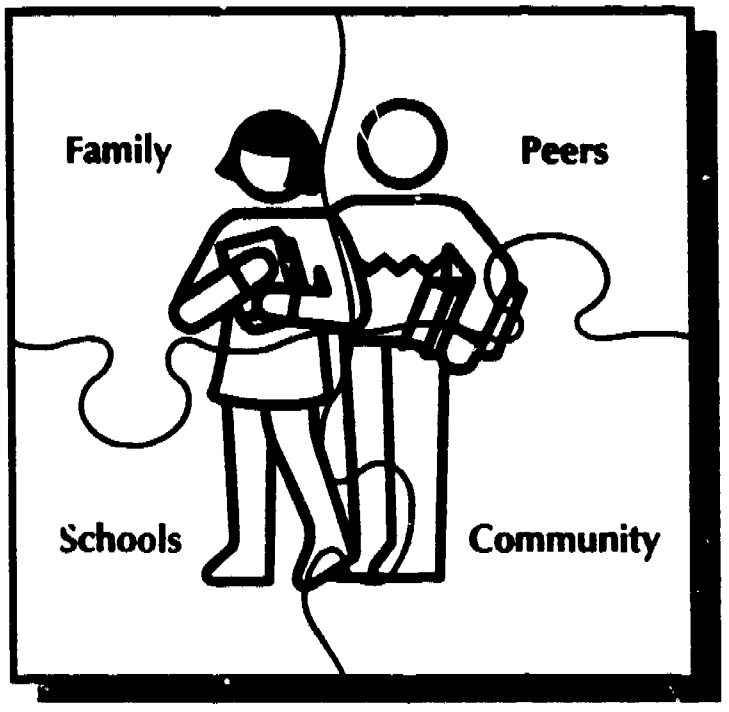
The assumption that information leads to a change in attitude and then to a change in behavior was proven to be incorrect (Goodstadt and others, 1982; *Third Special Report*, 1978). Evaluations of informational curricula did show some changes in students' knowledge about drugs and their effects, but there were no significant attitudinal and behavioral changes (Schaps and others, 1981). Although some curricula included preventive strategies focusing on self-esteem, values clarification, problem solving, and communication and coping skills, lower levels of drug use could not be shown (DiCicco and others, 1984; Schaps and others, 1981; Goodstadt and others, 1982; and Barnes, 1984).

It is now recognized that the definition of the problem of drug use among young people was too narrow. It did not address the complexity of factors that influence a young person to use tobacco, alcohol, and other drugs.

A Behavioral Problem Determined by Many Systems of Influence

Drug use is a behavioral problem influenced by many social systems. Therefore, it is not simply an educational task to be tackled by schools through new curricula, a set of films, or presentations by outside speakers.

Whether a student is inclined to smoke, drink, or use drugs is largely determined by the



Social Systems Can Work Together to Keep Young Peoples' Lives Intact

groups, or systems, that influence his or her daily environment—family, school, friends, and community. Each of these key groups has either a positive or negative impact on a young person's behavior, learning, and development.

Within each system are various risk factors that, if ignored, heighten the likelihood of health-compromising behavior. Preventing students' use of tobacco, alcohol, and other drugs, as well as preventing other problems, can never be the responsibility of the school alone because the risk factors predicting the problem are not found solely in the school. Nor can blame be placed simply on families, the community, or youths themselves. Each of the systems of influence has a responsibility and a role to play. We must work together in our families and schools, with friends, and in our communities to define and conduct activities that will lessen the destructive risk factors within each group. It is not schools alone that will finally make a difference, but schools, families, peer groups, and the community, working in a long-term partnership.

The Need for an Integrated Approach

The use of tobacco, alcohol, and other drugs is not an isolated behavior. It is linked to a host of other problems among adolescents.

A young person demonstrating one of these high-risk behaviors is likely to be involved in related high-risk behaviors. Studies verify that factors predicting the use of alcohol and other drugs are also predictive of other problematic behavior among adolescents (Jessor, 1985). Smoking, drinking, and using drugs are only a few of the manifestations of a young person's predilection toward negative behaviors.

The tendency of schools and community agencies is to address each problem separately, as if they were not connected in any way. Consequently, in any school or community, there are usually several different planning groups supporting separate programs, curricula, and activities. Among them may be planning committees working to improve schools, establish comprehensive health programs, support cooperative learning, and enhance students' self-esteem to prevent them from becoming delinquents, school dropouts, or substance abusers.

The result is a duplication of effort, an inefficient use of resources, and a lack of consistent coordination. What the groups may not realize is that they have one broad, common goal: to ensure that children learn and develop with a minimum of high-risk behaviors, so that they can gain the competence to move successfully into the adult world.

Our only hope of preventing drug use and related problems among youths is for all local groups to work together in well-coordinated partnerships. This cooperative endeavor is what is meant by a *comprehensive health approach;* it is a network composed of schools, agencies, and organizations that will define and implement many preventive strategies within the key groups that affect children's development. No one group alone can solve the problems; working together, several groups can.

Risk Factors Within Students' Influence Groups

The greater the number of risk factors within a student's school, family, peer group, and community, the greater the likelihood that he or she will experiment with or use chemical substances. Studies have identified a wide range of factors that heighten the risk of students' use of tobacco, alcohol, and other drugs (Kandal, 1982; Cooper, 1983; Hawkins and others, 1985; Polich and others, 1984; and Perry and Murray, 1985). Some of the predictive factors within the various groups are listed below:

Community

- Economic and social deprivation
- Low neighborhood attachment and high community disorganization
- Community norms and laws favorable to the use of tobacco, alcohol, and other drugs
- Availability of tobacco, alcohol, and other drugs

Families

- Family management problems
  - Lack of clear expectations for children's behavior
  - Lack of monitoring
  - Inconsistent or excessively severe discipline
  - Lack of caring
- Use of tobacco, alcohol, and other drugs by parents or parents' positive attitudes toward use
- Low expectations for children's success
- Family history of alcoholism

School

- Lack of a clear school policy regarding tobacco, alcohol, and other drugs
- Availability of tobacco, alcohol, and other drugs
- School transitions
- Academic failure
- Lack of involvement in school activities
- Little commitment to school

Individual and peers

- Early antisocial behavior
- Alienation and rebelliousness

- Antisocial behavior in late childhood and early adolescence
- Favorable attitudes toward drug use
- Early first use
- Greater influence by and reliance on peers than parents
- Friends who use tobacco, alcohol, and other drugs or sanction their use

Protective Factors

Studies have also identified factors that protect young people from experimentation with or use of tobacco, alcohol, and other drugs (Perry and Murray, 1985; Hawkins and others, 1985; Robins and Przybeck, 1985; and Kandal, 1982). One of the clearest frameworks for planning protective strategies is based on the social development approach defined by the respected researcher David Hawkins. He recommends:

- Promoting bonds to family, school, and positive peer groups through opportunities for active participation
- Defining a clear set of tactics against drug use
- Teaching the skills needed to learn the tactics and take advantage of the opportunities
- Providing recognition, rewards, and reinforcement for newly learned skills and behaviors

Children who have grown up with many of these protective factors develop resiliency and strength. They are, therefore, less vulnerable when confronted by difficult situations (Garmezy, 1974; Rutter, 1979; and Werner, 1986). Certain social competencies characterize resilient children:

Effectiveness in work, play, and relationships

- They establish healthy friendships.
- They are goal-oriented.

Healthy expectancies and positive outlooks

- They believe that effort and initiative will pay off.
- They are oriented to success rather than to failure.

Self-esteem and internal locus of control

- They feel competent, have a sense of personal power, and believe that they can control events in their environment rather than being passive victims.

Self-discipline

- They have the ability to delay gratification and control impulsive drives.
- They maintain an orientation to the future.

Problem-solving and critical thinking skills

- They have the ability to think abstractly, reflectively, and flexibly.
- They are able to define alternative solutions to problems.

Humor

- They can laugh at themselves and situations.

A New Definition of Prevention

Since many factors within and, especially, beyond the school affect a student population's drug use, the responsibility for this problem shifts from schools alone to many groups and organizations. Prevention specialists, researchers, legislators, and educators agree that the only approach capable of addressing the complex problem is a comprehensive one, with multiple strategies jointly planned and implemented by schools and communities (Senate Bill 2599, 1988; Hawkins and others, 1985; and Benard and others, 1987).

Prevention can now be defined as a collaboration between school and community to plan and implement multiple strategies that:

- **Reduce specific risk factors contributing to tobacco, alcohol, and drug use and to related behavioral problems among youth.**
- **Strengthen a set of protective factors to ensure young people's health and well-being.**

The components of an effective, comprehensive prevention program must address the risk factors and the protective factors that are identified by the school and community planning group for the target population. Knowing both the risk factors and the protective factors permits each of the various systems of influence (family, school, friends, and community) to design, select, and implement programs that, in time, will lessen the identified risk factors in their respective settings.

Rather than choosing hit-or-miss activities that anticipate unrealistic outcomes, planning groups can select prevention initiatives that target and evaluate the changes in specific risk factors for a given population (Hawkins and others, 1985). The more risk factors that can be targeted and lessened within the school and the community, the greater the likelihood that students will not use drugs. It is the school's role to act as a catalyst by creating a school-community planning council or team.

The Comprehensive Health Approach

The new resources and technology available to prevent the use of tobacco, alcohol, and other drugs provide an unprecedented opportunity to schools. Since we know that the use of various substances is related to other health-compromising behaviors (such as teen pregnancy, delinquency, AIDS, eating disorders, sexually transmitted diseases, vehicular accidents, school failure, and dropping out of school), planning can be integrated through the targeting of the systemic risk factors that contribute to all of the problems. Sound objectives can then be defined. Effective curricula and programs within the school, family, peer groups, and community can and must be planned as an integral part of each district's comprehensive health program.

California's comprehensive health initiative, Healthy Kids, Healthy California, identified

eight general components for planning a prevention program:

1. Health education
2. Physical education
3. Health services
4. Nutrition services
5. Skilled caring: school counseling and psychological services
6. Safe and healthy school environment
7. Health promotion for staff
8. Involvement of parents, community, and the private sector

The intent of Healthy Kids, Healthy California, like the best preventive curricula and programs, is to change behaviors rather than merely telling children what constitutes a healthful life-style. The initiative also recognizes that healthful behavior is conditioned by many factors and that a collaborative effort among schools, parents, and the community is essential.

> ***The physical and mental well-being of students is a prerequisite for achieving our educational objectives. An initiative to promote healthy life-styles is the logical next urgently needed step in the school reform agenda.***
>
> **Bill Honig**
> State Superintendent of Public Instruction, 1988

A Leadership Role for Schools

Although schools alone cannot prevent students' use of tobacco, alcohol, and other drugs, they need to take a leadership role in the planning and coordination of preventive activities. The assumption of leadership by schools in their communities institutes a planning approach (rather than a crisis approach) to prevention. Collaborative planning not only draws together all interest groups and agencies but it also does the following:

- Ensures that programs will be based on sound behavioral theories
- Minimizes or eliminates the duplication of efforts
- Maximizes the use of available resources
- Integrates planning on related youth problems
- Provides a coordinated management and feedback-monitoring system
- Provides an ongoing partnership of groups working collaboratively to alleviate the community's problem of the use of tobacco, alcohol, and other drugs among youth

Building the Partnership Among Schools, Law Enforcement, and the Community

The first step in building a partnership is to identify and call together a planning group representing students, school staff, law enforcement personnel, parents, community leaders, business interests, health care providers, and community organizations. All members of the group need to understand that only a comprehensive approach targeted at the risk factors within the school, families, community, and youth culture can lessen the problem. Initial meetings need to provide an opportunity for all to share their viewpoints, learn about effective preventive approaches, and make a commitment to work together over a long period of time.

It is particularly important for law enforcement personnel to clarify relevant legal procedures concerning juveniles involved in trafficking in illegal substances. The partnership among the school, law enforcement agencies, and the community must be committed to decreasing the availability of tobacco, alcohol, and other drugs as well as decreasing the demand for them.

The planning group does not necessarily have to conduct a survey itself to identify the current extent of the use of tobacco, alcohol, and other drugs. Existing information on the incidence of local use is often available from county alcohol and drug programs and from health, juvenile justice, and law enforcement agencies. Levels of use may also be ascertained from statewide data.

The fact that many people have come together because of their own concerns and observations is usually sufficient motivation for collaborative action. Thus, participants' initial energy may be best spent in identifying local issues of concern and risk factors that contribute to the problem.

The planning team also needs to identify the many local agencies and resources being used

to address the problem. Between meetings, every member can explore and learn what other organizations are doing. By establishing new lines of communication and a spirit of collaboration, the planning team will maximize its efforts. It will no longer look only to the schools to solve the problem. Each school, agency, parent group, or organization will realize it has a vital and appropriate role in developing an integrated local master plan.

The Planning Steps

Whenever a preventive planning group is formed, its tendency is to leap to favored solutions or programs rather than basing its plan on research, sound behavioral theory, and strategies appropriate to the given population. This tendency can produce results that are ineffective and ultimately disappointing (Schaps and others, 1981). The following checklist of planning steps can help a planning team develop an effective master plan:

Preventing Tobacco, Alcohol, and Drug Abuse: Planning Steps

___ 1. Identify a cross section of people in the school and community to serve on the planning committee.
___ 2. Define the role of the school as a catalyst and facilitator.
___ 3. Invite discussion and list local concerns.
___ 4. Educate the planning committee on:
- The nature of drug use (including its relationship to other antisocial behaviors, its effects on learning and development, the sequence and settings of drug use, its effects on social development, and the effect of peer involvement)
- The risk factors in schools, families, peer groups, and communities
- The comprehensive approach described in these guidelines

___ 5. Explore and list local preventive resources, agencies, and organizations and include them in planning.
___ 6. Define the initial target population of the program.
___ 7. Determine the influence groups and related risk factors to be targeted during a specific period of time.
___ 8. Define objectives based on risk factors in various systems; protective factors and objectives may also be included. Do not select too many factors for a given population.
___ 9. Agree, by consensus, on the strategy each system of influence should employ to lessen selected risk factors.
___ 10. Write the group's master plan, defining tasks, time lines, and ways to monitor and evaluate the program's effectiveness.
___ 11. Publish the plan widely so that everyone understands and supports the campaign.
___ 12. Have the planning group continue to meet regularly to share information on progress, support, implementation, and coordination.

A Recommended Comprehensive Program for the School Site

It is essential that the school's portion of the master plan contain a full range of prevention and intervention components to address the needs of all children and youth in the school.

Prevention means working with the total population of children before they begin to use any chemical substances. Intervention means identifying individuals or members of groups who are already experimenting with or using substances. This population usually requires assistance beyond the school's resources, such as medical treatment, after-care counseling and support groups, family intervention or counseling, and law enforcement intervention.

The comprehensive master plan must identify two goals:

- Prevention—To delay or prevent experimentation with drugs by developing the social and academic competency of all students
- Intervention—To disrupt experimentation with or use of drugs and shift the prevailing norm to nonuse and healthy development through the influence of nonusing peers.

The following nine components should be included in the master plan if these goals are to be achieved:

1. A planning process
2. A policy statement of the school district's governing board
3. In-service training of staff
4. A curriculum, from kindergarten through grade twelve, that addresses the problem of drug abuse
5. Parental involvement and education
6. Early intervention and student assistance programs
7. Intervention and involvement of the community
8. Student peer programs in kindergarten through grade twelve
9. Positive alternative activities

The planning group must incorporate the risk factors it has identified into these nine essential components. Individual protective factors, such as those suggested earlier, can be strengthened through the careful selection of effective curricula and by the various systems of influence supporting children's development of resilient qualities. As the various systems reduce their respective risk factors, they will be building protection against the use of tobacco, alcohol, and other drugs. (See Chart 1.)

Chart 1. Components and Risk Factors to Be Addressed in a Comprehensive Program to Prevent Substance Use

Components	*Risk factors addressed*
1. **Planning process** **Involve representatives from the four systems of influence (school, family, peer group, and community) to assess local issues and resources and to plan an effective, comprehensive prevention program.**	***All risk factors*** **(See "Risk Factors Within Students' Influence Groups," pages 4 and 5.)**
2. School policy Review the district's existing policies, and define clear and appropriate policies for prevention, intervention, and disciplinary action.	*All risk factors, but especially:* • Early antisocial behavior • Easy availability of tobacco, alcohol, and drugs • School discipline regarding drug use • School transitions • Poor school climate
3. **In-service training of staff** **Provide general orientation and awareness training for all staff and other groups (i.e., community, parents, and students). Provide specific intensive training for core staff who will implement various components of the plan (i.e., teachers, counselors, student/peer leaders, parents, and community leaders).**	*All risk factors, but especially:* • Early antisocial behaviors • Lack of student involvement • Poor school climate • Little commitment to school • Academic failure • School transitions
4. Curricula on drug abuse, kindergarten through grade twelve Select and establish curricula on avoiding the use of tobacco, alcohol, and drugs as part of a comprehensive effort to promote good health. Ensure that curricula include life skills, carry a message against drug use, are sequenced to the stages of drug use, are appropriate to levels of children's cognitive and social development, and are sensitive to the culture and values of the population.	*All risk factors, but especially:* • Academic failure • Early antisocial behavior • Lack of opportunities for students' involvement and leadership • Greater influence by and reliance on peers than parents • Little commitment to school • Early first use
5. **Parental involvement and education** **Provide workshops for parents on the use of tobacco, alcohol, and drugs; on children's social development; and on risk and protective factors. Provide specific training for parents on intervention and youth development.**	• Low expectations of children's success • Lack of bonding or closeness to parents • Use of drugs, alcohol, and tobacco by parents or parents' positive attitudes toward their use • Lack of clear expectations for children's behavior

(continued on page 12)

Chart 1, continued

Components	*Risk factors addressed*
6. Programs for early intervention and student assistance Establish school-based student assistance programs for those students exhibiting behaviors related to the use of alcohol, tobacco, and other drugs and for those seeking support from peers.	• Academic failure • Easy availability of drugs • Antisocial behavior • Use of tobacco, alcohol, and other drugs by parents and parents' positive attitudes toward their use • Association with peers who use drugs or sanction their use
7. Intervention and community involvement Identify community resources and programs within law enforcement, treatment agencies, community services, and other youth-serving organizations. Establish working relationships and an intervention plan that makes available a full range of services to drug-using youth and their families. The plan must include reentry to school and after-care services.	• No relationship with caring adults beyond the family • Lack of employment opportunities • Lack of involvement and leadership in school and community groups • Abundance of liquor outlets • Easy availability of drugs
8. Peer group programs Establish peer group programs (instruction in refusal skills, support groups, student leadership opportunities, peer tutoring, peer assistance, cross-age teaching, dramatic presentations) at all grade levels. Select responsible adults who relate well to students to provide assistance.	• Little commitment to school • Lack of involvement and leadership opportunities • Greater influence by and reliance on peers than parents • Early first use • Association with peers who use drugs or sanction their use • Use of tobacco, alcohol, and other drugs by parents and parents' positive attitudes toward their use
9. Positive alternatives for student activities, recreation, and social development Define or establish clear policies, leadership, and activities to promote positive alternatives for students (e.g., sober graduation nights, drug-free school-sponsored events, job and volunteer service opportunities, and community youth events).	• Lack of involvement, employment, and leadership opportunities • Alienation and rebelliousness • Association with peers who use drugs or sanction their use • Greater influence by and reliance on peers than parents

Community- and School-Based Program Strategies

Comprehensive efforts to prevent drug use may take on many dimensions, but for clarification they should be categorized as programs, curricula, and multielement projects.

Programs define a structure, a process, goals, and objectives for lessening risk factors and strengthening protective factors within the school, families, peer groups, and the community.

Curricula are sets of lessons with explicit goals and objectives to be achieved, usually within the classroom, and are taught by trained teachers, parent volunteers, or student educators.

Multielement projects are efforts that include several curricula and programs, usually implemented by different groups or systems.

Whether in the school or community, the preventive strategy must be appropriate to the age, social development, and culture of the target population. It must reflect the sequential stages of students' drug use and must be implemented by methods and people that are most appropriate for the age group. For example, studies indicate that it is more effective for well-trained parents to teach drug education curricula in kindergarten through grade six and for peers to deliver curricula in grades six through nine than it is for teachers or outside authorities to do so (Schaps and others, 1981).

Studies have also shown that the more students can be involved in assessing the problem of local drug use, planning activities, helping each other, and even teaching curricula, the greater the impact a school's preventive effort will have. Peer assistance programs, peer tutoring, youth educators, and peer rap centers all contribute significantly to the comprehensive program. It has been proven that schools that initiate programs that focus on "refusal skills" or social influence realize significant reductions in the level of students' use of tobacco, alcohol, and other drugs (Botvin, 1983). These programs do the following:

- Use peer leaders to encourage participation in role-playing and interactive activities to practice refusal behavior.
- Promote an awareness of the covert and overt pressures to use chemical substances.
- Focus on the short-term social consequences important to the age group.
- Reinforce group norms against drug use.

Criteria for Preventive Programs and Curricula

When selecting a specific curriculum or program (even a well-known one), the planning committee should identify the risk factors it intends to lessen and the protective factors it hopes to strengthen. The planning group must keep in mind that the primary purpose of all school-based efforts is to influence or change students' behavior and the conditions in the

school that contribute to the use of tobacco, alcohol, and other drugs. Just defining components is not enough. Preventive curricula that are appropriate for one population may not be effective for another.

The following checklist is a helpful tool for planning groups to use in assessing the quality of the model program they have designed or chosen:

Checklist of Criteria for Preventive Programs and Curricula

___ Is the program or curriculum based on sound theory, and does it target the reduction of specific risk factors?

___ Will it strengthen any protective factors?

___ Is the program appropriate to the level of the target population's development?

___ Does the program use recommended preventive strategies?

___ Is the program student-focused and relevant to the children's experience?

___ Does it employ a broad methodology for imparting knowledge, skills, and concepts?

___ Is it appropriate to the culture, ethnicity, and socioeconomic situation of the school, the families it serves, and the community?

___ Is it comprehensive enough to include components that address the school, parents, peers, and community?

___ Does it have a clear message against using tobacco, drugs, and alcohol?

___ Does it begin early enough for students to develop skills and acquire the knowledge they need before they are faced with decisions?

___ Is training available for teachers, students, parents, and community volunteers?

___ Does it have adequate intensity and scope to achieve its stated goals?

___ Does the program involve students in implementing prevention or intervention services to other students?

The Intervention Plan

Each school must develop an intervention plan for working with students who are identified as using or selling illicit drugs. Successful intervention is difficult because youths themselves do not see smoking, drinking, or drug use as a problem in their lives, and few seek help from either school authorities or treatment services (Stein and Davis, 1982).Chemically dependent youths are most likely to be identified by authorities because of disruptive behavior or incidents of drinking and driving.

School personnel are in a position to identify the many symptoms of drug-related behavior, such as absenteeism, lethargy, hyperactivity, hostility, depression, vandalism, and low academic achievement. Rather than establish a range of school-based intervention services, schools need to work closely with law enforcement agencies, juvenile authorities, youth and family counseling services, and alcohol and drug treatment programs. An effective intervention system is one in which school and community agencies clearly define their respective roles and establish clear referral guidelines.

The intervention plan should link all community resources that can provide services needed by students using alcohol and other drugs. Coordination is essential so that those teenagers referred for various services have follow-up and ongoing support. This coordination is particularly important when students return to school after receiving treatment or completing suspensions. School-based peer groups that are oriented to avoiding drugs can support positive changes in life-styles and help to replace associations with former deviant peer groups.

School Policy

When school personnel clearly understand the school's discipline policy, they are comfortable responding to situations involving students' use of tobacco, alcohol, and other drugs. Therefore, policies should be lucid but flexible enough to allow for decisions requiring emergency or law enforcement procedures. The school's policy should include statements on the following:

1. The reporting and handling of illegal drug activity, including delineation of roles
2. Due process issues regarding students' rights; reasonable and consistent suspension and expulsion policies
3. Noncompliance with substance abuse policy by school personnel
4. Confidentiality restriction for counselors; state law and the school district's limitations
5. The extent of the school's responsibility to teach the drug education curriculum and to conduct preventive programs in all grades at the school
6. In-service training for teachers and administrators; orientation to policy and procedures
7. Students' roles and involvement in developing policy and their representation on advisory and review boards
8. Procedures for medical emergencies and use of the intervention system for referral, consultation, and treatment
9. Procedures for working with nonschool agencies and personnel
10. Procedures for cooperation between school personnel and law enforcement
11. Procedures for communicating policies and programs to parents and the community
12. The role of the school-community planning or advisory council and procedures for periodic policy review and revision of policy

The policy should reflect the values of the community; it should be planned with the involvement of students and the community; and it should be made clear to school personnel, parents, community authorities, health agencies, and all students.

Program Support

Two elements are essential to the effectiveness of school-based prevention programs: (1) a positive school climate; and (2) high-quality, in-depth training for personnel.

School Climate

School climate refers to the cultural environment emanating from the quality of interpersonal relationships and structures operating in the school. School climate is one of the most important contributing factors in students' drug use and their related behavioral problems. School personnel need to take the time to assess the degree to which their school is fostering a positive climate for students, teachers, administrators, support staff, and their community. Some of the questions to ask are:

- Do our teachers have a supportive and challenging manner?
- Do students feel that we really care? Is there a sense of trust between students and teachers? Between students and administrators?
- Are students friendly? Do they respect diverse groups and relate well to each other?
- Does the school have an orderly, colorful, and pleasant atmosphere?
- Are decisions made and conflicts resolved in a fair and democratic manner among students and staff?
- Are students actively involved in planning and decision making?
- Are the school's policies and expectations fair and clear to all?
- What is the level of parental involvement? How can we increase it?
- Do students feel they are in a safe learning environment?

Training for Personnel

Two types of training are needed for a school's staff, faculty, parents, and community volunteers. The first is general awareness training, which provides everyone with basic information on the following:

- The nature of tobacco, alcohol, and other drugs
- The comprehensive approach to prevention
- Community resources
- The intervention plan
- The school's drug-use policy
- The school-community master plan

A philosophy of "no drug use" must be a consistent message.

In-depth training is also essential for all those who are involved in teaching or providing preventive services. As is the case when other new curricula are introduced, teachers and parent- or student-volunteers need to be involved in ongoing training and support if they are to implement programs well. Most curricula on the use of tobacco, alcohol, and other drugs now include not only factual information but also experiential activities, such as role-playing and situational problem solving. Those who teach such a curriculum must also have the opportunity to work with it and tailor activities to fit the cultural norms of their students and community.

Monitoring Progress and Evaluating Outcomes

A school and a community can make several levels of evaluation to assess their comprehensive plan. First, they can document the many activities, programs, and curricula being conducted in the school, among families, within the community, and in youth organizations. Keeping track of the number of events, the content of events, and the people involved provides a minimum level of evaluation. This is the level that most preventive programs customarily report.

In contrast, the group that uses the comprehensive planning approach, targeting risk factors and writing objectives, can easily assess results. For example, the school and families may choose to target parents' low expectations for their children's success. Their hoped-for outcome might be that by the end of the school year, 75 percent of the parents of third through fifth graders will report that they regularly discuss positive expectations and have set new family goals to support their children's achievement at school. A simple assessment tool could be developed by a group of the parents. They also could conduct and report back on the survey to the prevention planning council.

The school-community planning committee may also want to assess changes in the level of alcohol and drug use, but it should do so only through a longitudinal study over several years. Such studies are often costly, and they usually require the assistance of professional evaluators. Data from county and state surveys may be available to learn about overall changes in a general population's use of drugs. Ultimately, it is the cumulative impact of many local planning councils, targeting identified risk factors and outcomes, that will significantly alter levels of use that can be measured in longitudinal studies. The efforts of local people to make changes in the conditions in their own community hold the greatest promise for preventing alcohol and drug use.

Legal References Regarding the School's Role

Additional information about the school's role in reducing the use of alcohol, tobacco, and other drugs among students and youths is contained in Appendix A. Included are relevant sections of the *Education Code*, *Civil Code*, *Health and Safety Code*, and *Penal Code*. Program-planning committees should become familiar with these codes.

Use of Existing Resources

Schools do not often realize how many resources are available for the prevention of problems related to alcohol and other drugs. The comprehensive approach to prevention not only widens the responsibility to include other community groups but also allows access to the funds and resources of groups such as law enforcement agencies, religious groups, health care providers, human service agencies, service clubs, businesses, and the media, just to mention a few. Consultation, training, and materials are also available from many of the California state agencies listed in Appendix B.

Appendix A

Relevant Sections of California Legal Codes

Education Code

51202. Instruction in personal and public health and safety

The adopted course of study shall provide instruction at the appropriate elementary and secondary grade levels and subject areas in personal and public safety and accident prevention, including emergency first aid instruction, instruction in hemorrhage control, treatment for poisoning, resuscitation techniques, and cardiopulmonary resuscitation when appropriate equipment is available; fire prevention; the protection and conservation of resources; including the necessity for the protection of our environment; and health, including venereal disease and the effects of alcohol, narcotics, drugs, and tobacco upon the human body.

51203. Instruction on alcohol, narcotics, and restricted dangerous drugs

Instruction upon the nature of alcohol, narcotics, restricted dangerous drugs as defined in Section 11032 of the Health and Safety Code, and other dangerous substances and their effects upon the human system as determined by science shall be included in the curriculum of all elementary and secondary schools. The governing board of the district shall adopt regulations specifying the grade or grades and the course or courses in which such instruction with respect to alcohol, narcotics, restricted dangerous drugs as defined in Section 11032 of the Health and Safety Code, and other dangerous substances shall be included. All persons responsible for the preparation or enforcement of courses of study shall provide for instruction on the subjects of alcohol, narcotics, restricted dangerous drugs as defined in Section 11032 of the Health and Safety Code, and other dangerous substances.

51210. Areas of study

The adopted course of study for grades 1 through 6 shall include instruction, beginning in grade 1 and continuing through grade 6, in the following areas of study: . . .

(F) Health, including instruction in the principles and practices of individual, family, and community health.

51260. Instruction

Instruction shall be given in the elementary and secondary schools on drug education and the effects of the use of tobacco, alcohol, narcotics, dangerous drugs, as defined in Section 11032 of the Health and Safety Code, and other dangerous substances.

In grades 1 through 6, instruction on drug education should be conducted in conjunction with courses given on health pursuant to subdivision (f) of Section 51210. In grades 7 to 12, instruction on drug education shall be conducted in conjunction with courses given on health or in any appropriate area of study pursuant to Section 51220.

Such instruction shall be sequential in nature and suited to meet the needs of students at their respective grade level.

51261. Teacher education institution accreditations: courses on drug education

Notwithstanding the provisions of Sections 44227 and 44228, the State Board of Education shall not accredit any teacher education institution for teacher certification purposes after the 1972-73 fiscal year unless it offers courses for prospective teachers on drug education and the effects of the use of tobacco, alcohol, narcotics, restricted dangerous drugs, as deemed in Section 11032 of the Health and Safety Code, and other dangerous substances. The State Board of Education shall continually reevaluate approved teacher training institutions to insure that programs are in conformance with the intent of this section.

51262. Use of anabolic steroids; legislative finding and declaration; preparation and distribution of steroid education package

The Legislature hereby finds and declares that the use of anabolic steroids to expedite the physical development and to enhance the performance level of secondary school athletes presents a serious health hazard to these student athletes. It is the intent of the Legislature in enacting this measure that, beginning with the 1987-88 school year, schools be encouraged to include in instruction in grades 7 to 12, inclusive, in science, health, drug

abuse, or physical education programs a lesson on the effects of the use of anabolic steroids.

In order to increase the knowledge of students about the effects of the use of anabolic steroids, the Superintendent of Public Instruction shall develop a steroid education package consisting of teacher lesson plans, student pamphlets, parent pamphlets, and video tapes to be distributed directly to school districts.

51890. "Comprehensive health education programs"

For the purposes of this chapter, "comprehensive health education programs are defined as all educational programs offered in kindergarten and grades 1 through 12, inclusive, in the public school system, including in-class and out-of-class activities designed to ensure that:

(a) Pupils will receive instruction to aid them in making decisions in matters of personal, family, and community health, to include the following subjects:
  (1) The use of health care services and products.
  (2) Mental and emotional health and development.
  (3) Drug use and misuse, including the misuse of tobacco and alcohol.
  (4) Family health and child development, including the legal and financial aspects and responsibilities of marriage and parenthood.
  (5) Oral health, vision, and hearing.
  (6) Nutrition.
  (7) Exercise, rest, and posture.
  (8) Diseases and disorders, including sickle cell anemia and related genetic diseases and disorders.
  (9) Environmental health and safety.
  (10) Community health.

(b) To the maximum extent possible, the instruction in health is structured to provide comprehensive education in health to include all the subjects in subdivision (a).

(c) There is the maximum community participation in the teaching of health including classroom participation by practicing professional health and safety personnel in the community.

(d) Pupils gain appreciation for the importance and value of lifelong health and the need for each individual's personal responsibility for his or her own health.

51891. "Community participation"

As used in this chapter, "community participation" means the active participation in the planning, implementation, and evaluation of comprehensive health education by parents, professional practicing health care and public safety personnel, and public and private health care and service agencies.

60041. Ecological system; use of tobacco, alcohol, drugs, and other dangerous substances

When adopting instructional materials for use in the schools, governing boards shall include only instructional materials which accurately portray, whenever appropriate:

(a) Man's place in ecological systems and the necessity for the protection of our environment.

(b) The effects on the human system of the use of tobacco, alcohol, narcotics and restricted dangerous drugs as defined in Section 11032 of the Health and Safety Code, and other dangerous substances.

60111. Information center of drug education materials

The Department of Education shall establish an information center of current drug education materials which may be used by school districts and teachers for instruction on drug education. The information center shall include, but not be limited to, all the following: current state and federal drug laws, samples of effective courses of study, curriculum guides, teaching materials, reference materials, reports of current and school district policies related to drug education.

Civil Code

1812.97. Warning statement; posting; athletic facilities; anabolic steroids

(a) Every contract which has as its purpose the lease or rental of athletic facilities for instruction, training, or assistance in physical culture, body building, exercising, reducing, figure development, or any other related physical skill, or for baseball, football, tennis, basketball, gymnastics, track and field, hockey, ice skating, weight lifting, wrestling, or bicycling shall contain the following warning statement in 10-point bold type:

Warning: Use of steroids to increase strength or growth can cause serious health problems. Steroids can keep teenagers from growing to their full height; they can also cause heart disease, stroke, and damaged liver function. Men and women using steroids may develop fertility problems, personality changes, and acne. Men can also experience premature balding and development of breast tissue. These health hazards are in addition to the civil and criminal penalties for unauthorized sale, use, or exchange of anabolic steroids.

(b) Commencing June 1, 1990, the warning statement required pursuant to subdivision (a) shall be conspicuously posted in all athletic facilities in this state which have locker rooms. At least one warning statement shall be posted in every locker room of the athletic facility.

(c) As used in this section, "athletic facilities" includes a health studio regulated pursuant to Title 2.5 (commencing with Section 1812.80), a professional boxers' training gymnasium, as defined in Section 18685 of the Business and Professions Code, any privately owned sports facility or stadium in this state which is open to the general public, and any publicly owned sports facility or stadium in this state, including facilities in institutions of higher learning and schools that include any or all grades 7 to 12, inclusive.

Health and Safety Code

11802. Administration and allocation of funds; joint school-community alcohol abuse primary education and prevention program; combination or coordination of alcohol and drug abuse programs

(a) Money deposited in the county alcohol abuse education and prevention fund pursuant to subdivision (b) of Section 1463.25 of the Penal Code shall be jointly administered by the administrator of the county's alcohol program and the county office of education subject to the approval of the board of supervisors and county office of education. A minimum of 33 percent of the fund shall be allocated to primary prevention programs in the schools and community. Primary prevention programs developed and implemented under this section shall emphasize cooperation in planning and program implementation among schools and community alcohol abuse agencies and coordination shall be demonstrated through an interagency agreement among county offices of education, school districts, and the county alcohol program administrator. The remaining money shall be allocated in accordance with the planning process established pursuant to Sections 11810.5 and 11810.6.

(b) Programs funded, planned, and implemented under this section shall emphasize a joint school-community primary education and prevention program, which may include:

(1) School and classroom-oriented programs, including, but not limited to programs designed to encourage sound decision making, an awareness of values, an awareness of alcohol and its effects, enhanced self-esteem, social and practical skills that will assist students toward maturity, enhanced or improved school climate and relationships among all school personnel and students, and furtherance of cooperative efforts of school- and community-based personnel.

(2) School- or community-based non-classroom alternative programs, or both, including, but not limited to, positive peer group programs, programs involving youth and adults in constructive activities designed as alternatives to alcohol use, and programs for special target groups, such as women, ethnic minorities, and other high-risk, high-need populations.
(3) Family-oriented programs, including, but not limited to, programs aimed at improving family relationships and involving parents constructively in the education and nurturing of their children, as well as in specific activities aimed at preventing alcohol abuse.

(c) The money deposited under subdivision (a) shall supplement and not supplant any local funds made available to support the county's alcohol abuse education and prevention efforts.
(d) If the county has a drug abuse primary prevention program, it may choose to combine or coordinate its drug and alcohol abuse education and prevention programs.

11998. Advisory goals; implementation

This chapter sets forth the long-range goals of a five-year master plan to eliminate drug and alcohol abuse in California. The goals of this chapter are advisory, but it is the intent of the Legislature that the goals will be addressed to the extent possible by each county and by state government. These advisory goals do not amend existing law. Implementation of the goals of the master plan, after the state plan has been developed and issued, shall be subject to the budget review process.

11998.1. Legislative intent; long-term five-year goals

It is the intent of the Legislature that the following long-term five-year goals be achieved:

(a) With regard to education and prevention of drug and alcohol abuse programs, the following goals:
(1) Drug and alcohol abuse education has been included within the mandatory curriculum in kindergarten and grades 1 to 12, inclusive, in every public school in California.
(2) Basic training on how to recognize, and understand what to do about, drug and alcohol abuse has been provided to administrators and teachers of kindergarten and grades 1 to 12, inclusive.
(3) All school counselors and school nurses have received comprehensive drug and alcohol abuse training.
(4) Each public school district with kindergarten and grades 1 to 12, inclusive, has appointed a drug and alcohol abuse advisory team of school administrators, teachers, counselors, students, parents, community representatives, and health care professionals, all of whom have expertise in drug and alcohol abuse prevention. The team coordinates with and receives consultation from the county alcohol and drug program administrators.
(5) Every school board member has received basic drug and alcohol abuse information.
(6) Each school district has a drug and alcohol abuse specialist to assist the individual schools.
(7) Each school in grades 7 to 12, inclusive, has student peer group drug and alcohol abuse programs.
(8) Every school district with kindergarten and grades 1 to 12, inclusive, has updated written drug and alcohol abuse policies and procedures including disciplinary procedures which will be given to every school employee, every student, and every parent.
(9) The California State University and the University of California have evaluated and, if feasible, established educational

programs and degrees in the area of drug and alcohol abuse.

(10) Every school district with kindergarten and grades 1 to 12, inclusive, has an established parent teachers group with drug and alcohol abuse prevention goals.

(11) Every school district has instituted a drug and alcohol abuse education program for parents.

(12) Drug and alcohol abuse training has been imposed as a condition for teacher credentialing and license renewal, and knowledge on the issue is measured on the California Basic Education Skills Test.

(13) Drug and alcohol abuse knowledge has been established as a component on standardized competency tests as a requirement for graduation.

(14) Every school district has established a parent support group.

(15) Every school district has instituted policies which address the special needs of children who have been rehabilitated for drug or alcohol abuse problems and who are reentering school. These policies shall consider the loss of schooltime, the loss of academic credits, and the sociological problems associated with drug and alcohol abuse, its rehabilitation, and the educational delay it causes.

(16) The number of drug and alcohol abuse related incidents on school grounds has decreased by 20 percent. . . .

11999.2. **State funding of drug-related or alcohol-related programs; necessity of "no unlawful use" materials; contents of materials and programs; exception**

(a) Notwithstanding any other provision of law, commencing July 1, 1990, no state funds shall be encumbered by a state agency for allocation to any entity, whether public or private, for a drug- or alcohol-related program, unless the drug- or alcohol-related program contains a component that clearly explains in written materials that there shall be no unlawful use of drugs or alcohol. No aspect of a drug- or alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol.

(b) All aspects of a drug- or alcohol-related program shall be consistent with the "no unlawful use" message, including, but not limited to, program standards, curricula, materials, and teachings.

These materials and programs may include information regarding the health hazards of use of illegal drugs and alcohol, concepts promoting the well-being of the whole person, risk reduction, the addictive personality, development of positive self-esteem, productive decisionmaking skills, and other preventive concepts consistent with the "no unlawful use" of drugs and alcohol message.

(c) The "no unlawful use" of drugs and alcohol message contained in drug- or alcohol-related programs shall apply to the use of drugs and alcohol prohibited by law.

(d) This section does not apply to any program funded by the state that provides education and prevention outreach to intravenous drug users with AIDS or AIDS-related conditions, or persons at risk of HIV-infection through intravenous drug use.

11999.3. **State agencies which distribute funds; guidelines and procedures; time for compliance by programs; filing of written assurance; appeals of funding denial or termination; consideration of Section 11999.2 requirements by local agencies; school materials and curricula**

(a) A state agency that distributes state funds to an entity, whether public or private, for a drug- or alcohol-related program shall establish and provide guidelines and procedures for the entity to use to ensure compliance with this division. If the drug or alcohol program fails to satisfy the guidelines adopted

by the state agency, the drug or alcohol program shall not receive state funds from the state agency. A state agency that provides or develops drug- or alcohol-related programs shall also comply with this division.

(b) Each state and local agency which distributes funds shall establish a reasonable time frame for each program to comply with the requirements of this division.

(c) A drug- or alcohol-related program that receives state funds from a local agency shall file with the local agency which distributes the state funds a written assurance signed by the person responsible for operating the drug- or alcohol-related program stating all of the following:

(1) The person understands the requirements of Section 11999.2.

(2) The person has reviewed those aspects of the program to which Section 11999.2 applies.

(3) Those aspects of the program to which Section 11999.2 applies meet the requirements of Section 11999.2.

(d) Every state or local agency distributing funds to which this division applies shall provide a process for appealing a determination to deny or terminate funding to a drug- to alcohol-related program based upon noncompliance with the requirements of this division. When funding is allocated to counties for distribution to local agencies, the director of the state agency distributing the funds shall develop and distribute to counties guidelines for the development of a local appeals process.

(e) A local agency which receives state funds from a state agency for establishing a drug- or alcohol-related program and which has discretionary authority for how the local agency spends the state funds, shall consider the requirements of Section 11999.2 in establishing the drug- or alcohol-related program.

(f) School district personnel who have authority to select and purchase instructional materials, curricula, or both, for the purpose of teaching drug or alcohol use prevention, or both, shall follow the requirements specified in Section 11999.2.

24168.1. County offices of education; duties

County offices of education shall do all of the following:

(a) Provide technical assistance and training to school districts and consortia of school districts regarding planning and preparation of antitobacco program plans pursuant to State Department of Education guidelines.

(b) Receive and approve plans submitted by school districts and provide technical assistance and guidance as necessary to ensure the compliance of school districts with this chapter. Every effort shall be made to approve or provide a list of necessary amendments to a school district plan within 30 days of receipt. The county office of education may authorize a school district to begin implementation of its plan on a provisional basis, with final approval of the local plan contingent on satisfying specified conditions.

(c) Certify to the State Department of Education that a school district has met the conditions specified in the department's guidelines and that funds reserved for the school district's antitobacco programs may be released.

(d) Provide for appropriate coordination between school districts programs and local antitobacco use programs funded by the local lead agency.

Penal Code

13864. Comprehensive alcohol and drug prevention education program

There is hereby created in the Office of Criminal Justice Planning the Comprehensive Alcohol and Drug Prevention Education component of the Suppression of Drug Abuse in Schools Program in public elementary schools in grades 4 to 6, inclusive. Notwithstanding Section 13861 or any other provision in this code, all Comprehensive Alcohol and Drug Prevention Education component funds

made available to the Office of Criminal Justice Planning in accordance with the Classroom Instructional Improvement and Accountability Act shall be administered and disbursed to county superintendents of schools in this state by the Executive Director of the Office of Criminal Justice Planning. All applications for that funding shall be reviewed and evaluated by the Office of Criminal Justice Planning, in consultation with the Department of Alcohol and Drug Programs and the State Department of Education.

(a) The executive director is authorized to allocate and award funds to county department superintendents of schools for allocation to individual school districts or to a consortium of two or more school districts. Applications funded under this section shall comply with the criteria, policies, and procedures established under subdivision (b) of this section.

(b) As a condition of eligibility for the funding described in this section, the school district or consortium of school districts shall have entered into an agreement with a local law enforcement agency to jointly implement a comprehensive alcohol and drug abuse prevention, intervention, and suppression program developed by the Office of Criminal Justice Planning, in consultation with the Department of Alcohol and Drug Programs and the State Department of Education, containing all of the following components:

(1) A standardized age-appropriate curriculum designed for pupils in grades 4 to 6, inclusive, specifically tailored and sensitive to the socioeconomic and ethnic characteristics of the target pupil population. Although new curricula shall not be required to be developed, existing curricula may be modified and adapted to meet local needs. The elements of the standardized comprehensive alcohol and drug prevention education program curriculum shall be defined and approved by the Governor's Policy Council on Drug and Alcohol Abuse, as established by Executive Order # D-70-80.

(2) A planning process that shall include both assessment of the school district's characteristics, resources and the extent of problems related to juvenile drug abuse, and input from local law enforcement agencies.

(3) A school district governing board policy that provides for a coordinated intervention system that, at the minimum, includes procedures for identification, intervention, and referral of at-risk alcohol- and drug-involved youth, and identifies the roles and responsibilities of law enforcement, school personnel, parents, and pupils.

(4) Early intervention activities that include, but are not limited to, the identification of pupils who are high risk or have chronic drug abuse problems, assessment, and referral for appropriate services, including ongoing support services.

(5) Parent education programs to initiate and maintain parental involvement, with an emphasis for parents of at-risk pupils.

(6) Staff and in-service training programs, including both indepth training for the core team involved in providing program services and general awareness training for all school faculty and administrative, credentialed, and noncredentialed school personnel.

(7) In-service training programs for local law enforcement officers.

(8) School, law enforcement, and community involvement to ensure coordination of program services.

(c) The application of the county superintendent of schools shall be submitted to the Office of Criminal Justice Planning. Funds made available to the Office of Criminal Justice Planning for allocation under this section are intended to enhance, but shall not supplant, local funds

that would, in the absence of the Comprehensive Alcohol and Drug Prevention Education component, be made available to prevent, intervene in, or suppress drug abuse among school-age children. For districts that are already implementing a comprehensive drug abuse prevention program for pupils in grades 4 to 6, inclusive, the county superintendent shall propose the use of the funds for drug prevention activities in school grades other than 4 to 6, inclusive, compatible with the program components of this section. The expenditure of funds for that[1] an alternative purpose shall be approved by the executive director.

(1) Unless otherwise authorized by the Office of Criminal Justice Planning, each county superintendent of schools shall be the fiscal agent for any Comprehensive Alcohol and Drug Prevention Education component award, and shall be responsible for ensuring that each school district within that county receives the allocation prescribed by the Office of Criminal Justice Planning. Each county superintendent shall develop a countywide plan that complies with program guidelines and procedures established by the Office of Criminal Justice Planning pursuant to subdivision (d). A maximum of 5 percent of the county's allocation may be used for administrative costs associated with the project.

(2) Each county superintendent of schools shall establish and chair a local coordinating committee to assist the superintendent in developing and implementing a countywide implementation plan. This committee shall include the county drug administrator, law enforcement executives, school district governing board members and administrators, school faculty, parents, and drug prevention and intervention program executives selected by the superintendent and approved by the county board of supervisors.

(d) The Executive Director of the Office of Criminal Justice Planning, in consultation with the Department of Alcohol Drug Programs and the State Department of Education, shall prepare and issue guidelines and procedures for the Comprehensive Alcohol and Drug Prevention Education component consistent with this section.

(e) The Comprehensive Alcohol and Drug Prevention Education component guidelines shall set forth the terms and conditions upon which the Office of Criminal Justice Planning is prepared to award grants of funds pursuant to this section. The guidelines shall not constitute rules, regulations, orders, or standards of general application.

(f) Funds awarded under the Comprehensive Alcohol and Drug Prevention Education Program shall not be subject to Section 10318 of the Public Contracts Code.

(g) Commencing January 1, 1991, or six months after a full year of program operation, whichever occurs later, the executive director shall prepare and submit an annual report to the Legislature describing the operation of the program and the results obtained from the Comprehensive Alcohol and Drug Prevention Education component receiving funds under this section.

[1] So in chaptered bill.

Appendix B

Resources

California State Agencies and Resource Centers

California Department of Education
Office of Healthy Kids, Healthy California
721 Capitol Mall
P.O. Box 944272
Sacramento, CA 94244-2720
(916) 322-4018

Healthy Kids Resource Center
Vallejo City Unified School District
321 Wallace Ave.
Vallejo, CA 94590
(707) 557-1592

Department of Alcohol and Drug Programs
1700 K St.
Sacramento, CA 95814
(916) 324-7262

California Prevention Resource Center
Center for Human Development
440 Grand Ave.
Oakland, CA 94610
(415) 839-9151

Office of the Attorney General
Crime Prevention Center
School/Law Enforcement Partnership Program
P.O. Box 944255
Sacramento, CA 94244-2550
(916) 324-7863

Office of Criminal Justice Planning
Suppression of Drug Abuse in School Program
Comprehensive Alcohol and Drug Abuse Prevention Education Program
1130 "K" St., Suite 300
Sacramento, CA 95814
(916) 323-7727; 323-7728

Western Regional Center for Drug-Free Schools and Communities
Southwest Regional Labratory for Educational Research and Development
4665 Lampson Ave.
Los Alamitos, CA 90720
(213) 598-7661

Western Regional Center for Drug-Free Schools and Communities
Far West Laboratory for Educational Research and Development
1855 Folsom St.
San Francisco, CA 94103
(415) 565-3000

Resource Materials Available

Sorting Out Services, A Resource Guide for Alcohol and Other Drug Prevention Services in California
Available from any of the California resource agencies and centers listed above

Schools and Drugs, A Guide to Drug and Alcohol Abuse Prevention Curricula and Programs
Office of the Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550
(916) 324-7863

Guidelines for Districts Developing Comprehensive Alcohol and Other Drug Policies, Regulations and Procedures
Prevention Center
Office of the Sacramento County Superintendent of Schools
9738 Lincoln Village Dr.
Sacramento, CA 95827
(916) 366-2180

Reducing the Risks: Seven Steps to Prevent Alcohol and Drug Use Among Youth and Images for Prevention Planning
Thirty color transparencies and materials on how to present a conceptual framework for prevention planning to school and community groups.
Center Source Publications
305 Tesconi Cir.
Santa Rosa, CA 95401
(707) 578-0223

Drugs and Youth, An Information Guide for Parents and Educators
Office of the Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550
(916) 324-7863

Appendix C

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